PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1996

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)		NUMBER EXTRA (Column 2)	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE					385.00	OR		770.00
TOTAL CLAIMS	3	minus 20 =	*	x$11=		OR	x$22=	
INDEPENDENT CLAIMS	2	minus 3 =	*	x40=		OR	x80=	
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=	
				TOTAL		OR	TOTAL	

(handwritten: 910)

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x40=		OR	x80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TO: **OFFICE OF FINANCE**
FROM: **CRYSTAL PLAZA 2, LOBBY**

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		**CLAIMS/MULTIPLE DEPENDENT**	
960		964	
961		965	
970	$ 910 —	966	
971		967	
958		968	
959		969	
956		**LATE FEES/SURCHARGE**	
957		154	
962		254	
963		156	
OTHER :		581	
581			

THE ORIGINAL METHOD OF PAYMENT

_____   **BY A CHECK**

_____   **BY A CHARGE TO DEPOSIT ACCOUNT NO.** _19-5869_

DO/EO FEE